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**Subject: Vendor Monitoring**

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Effective Date: October 1, 2007

Revised from: October 1, 2006

**Policy:** Local Agency (LA) staff will monitor authorized vendors by August 1<sup>st</sup> of each contract year to ensure compliance with program requirements and serve as a support resource. A monitoring visit shall include but is not limited to:

- ensuring minimum stock of WIC approved food items (WIC Product Inventory Form)
- price verification
- education about WIC Program requirements
- WIC transaction issues
- any needed corrective actions that must be taken to assure compliance with program policies and procedures and proper reimbursement for WIC checks

LA staff will need the Vendor Monitoring Form and the WIC Product Inventory Form for each monitoring visit conducted.

**Reference: 7 CFR § 246.12(j)**

**Procedure:**

1. The State Agency (SA) will ensure that LA staff completes on-site monitoring visits of authorized WIC vendors. Authorized vendors will be selected for monitoring visits based on the following factors:
  - a. Vendors that have been determined as high risk will have a minimum of one (1) on-site monitoring visit within 12 months from the date the vendor is flagged as a high-risk vendor.
  - b. All vendors that derive more than 50 percent of their annual food sales from WIC will have a minimum of one (1) on-site monitoring visit within each Federal Fiscal Year.
  - c. LA's not in their vendor contract renewal year will select a representative sample of all other vendors under the LA's management. A total of 10% of the vendors under the LA's management shall have an on-site monitoring visit completed during the Federal Fiscal Year, unless otherwise directed by the SA.
  - d. LA's in their vendor contract renewal year will complete on-site monitoring on all of the vendors under the LA's management. A total of 100% of the vendors under the LA's management shall have an on-site monitoring visit completed during the contract renewal year.
2. All on-site monitoring visits shall be unannounced.
3. The LA serving the area where the vendor is located will be responsible for on-site monitoring and follow-up of that vendor, unless otherwise arranged with the SA.

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4. All on-site monitoring visits will be documented by use of the Vendor Monitoring Form in accordance with instructions developed by the SA.
5. The SA Vendor Manager will exclusively handle the assignment of violations, sanctions and fines, including Civil Money Penalties. During on-site visits, the LA will provide technical assistance for observed and documented program violations.
6. LA staff shall complete the Vendor Monitoring Form for every on-site monitoring visit conducted.
7. When arriving at a vendor location to conduct a monitoring visit, the LA staff should request the following:
  - a. to speak with the store owner/manager or representative.
  - b. inform the store owner/manager or representative that an on-site monitoring visit will include a minimum stock requirement assessment.
  - c. extend an invitation to the store owner/manager or representative to accompany him/her on the minimum stock requirement assessment. The store owner/manager or representative is not required to accompany the LA staff when the minimum stock requirement assessment is being completed.
  - d. results from the minimum stock assessment and monitoring visit should be reviewed with the store owner/manager or representative at the conclusion of the on-site visit.
8. Specific non-compliance issues shall be addressed during the on-site review. Any follow-up corrective action should be documented on the Vendor Monitoring Form. All noteworthy observations and follow-up actions should be noted in the comment section of the Vendor Monitoring Form. These issues should be discussed with the store owner/manager or representative when feasible.
9. All actions pertaining to the vendor monitoring visit shall be entered in the KWIC system.
10. Send the original Vendor Monitoring Form to the SA and retain a copy in the LA vendor file.

## Vendor Monitoring Form Kansas WIC Program

Date of visit \_\_\_\_\_ Vendor #: \_\_\_\_\_ Vendor Contact: \_\_\_\_\_

Vendor Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ County \_\_\_\_\_

Fax # \_\_\_\_\_ Number of front-end cash registers: \_\_\_\_\_

Reason for visit: ☐ Annual ☐ Complaint ☐ Random ☐ Other \_\_\_\_\_

Items Needed for Monitoring Visit:

☐ Vendor Monitoring Form ☐ WIC Product Inventory Form

Local Agency: \_\_\_\_\_ Name of LA staff: \_\_\_\_\_

### **1. Procedures:**

- |  | <b><u>YES</u></b>        | <b><u>NO</u></b>         |
|--|--------------------------|--------------------------|
| a. Does the vendor know whom to contact in the event of problems or questions? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the vendor know how to submit a complaint to the Local Agency?         | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the vendor know where the Request for Reimbursement form is located?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the vendor know how to submit a WIC check for reimbursement to the SA? | <input type="checkbox"/> | <input type="checkbox"/> |

### **2. Materials:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a. Does the vendor have a <u>current</u> Vendor Procedures Manual?     | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the vendor have adequate copies of the WIC Approved Food List? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the vendor have a Kansas WIC logo posted at entrance?          | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the vendor have adequate copies of the Quick-Glance Guide?     | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the vendor have the correct authorized vendor stamp?           | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does the vendor stamp produce a clear and legible impression?       | <input type="checkbox"/> | <input type="checkbox"/> |

### **3. Checks and Cash Register Receipts:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a. Does the vendor have WIC checks to review?<br>If yes, complete Check and Receipt Review.             | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the vendor have cash register receipts to review?<br>If yes, complete Check and Receipt Review. | <input type="checkbox"/> | <input type="checkbox"/> |

### **4. Technical Assistance**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a. Was technical assistance provided to this vendor?<br>If yes, date information recorded in KWIC system: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

### **5. Follow-Up**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a. Is a follow-up visit needed to verify compliance?<br>If yes, date follow-up will be conducted: _____<br>If yes, date completed follow-up was recorded in KWIC system: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

## 6. Sanctions and Contract Violations:

- a. Does the vendor have less than 10 contract violations in the previous year? \_\_\_\_\_
- b. How many letters did the LA issue to this vendor during the past year? \_\_\_\_\_
- c. How many complaints were lodged against this vendor during the past year? \_\_\_\_\_
- d. How many WIC clients redeemed checks at this vendor in the month of May? \_\_\_\_\_

## 7. Store Ownership

Type of Ownership:    ☐ Sole Proprietorship    ☐ Partnership    ☐ Cooperative  
                                  ☐ Publicly Owned Corporation    ☐ Privately Held Corporation    ☐ Government Owned (commissary)

*If the store is a publicly owned corporation, privately held corporation, or government owned, go to #8.*

Print the primary owner (s) name, address and phone number.

Owner: \_\_\_\_\_

\_\_\_\_\_

Owner: \_\_\_\_\_

\_\_\_\_\_

### 8. Is this store a franchise?

Enter the name, address and zip code of the Parent Corporation or franchise.

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## 9. Primary Wholesaler

Please indicate the vendor's primary wholesaler.

- |                          |                                       |                          |                                       |
|--------------------------|---------------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Affiliated Foods, KS                  | <input type="checkbox"/> | Hy-Vee Warehouse Charitan             |
| <input type="checkbox"/> | Affiliated Foods, NE                  | <input type="checkbox"/> | Nash Finch                            |
| <input type="checkbox"/> | Affiliated Foods, TX                  | <input type="checkbox"/> | Peyton's Fountain (Dillon's Stores)   |
| <input type="checkbox"/> | Associated Wholesale Grocers (AWG) KS | <input type="checkbox"/> | Target Distribution Center #3803 KS   |
| <input type="checkbox"/> | Associated Wholesale Grocers (AWG) MO | <input type="checkbox"/> | Wal-Mart Distribution Center #6065 MO |

If primary wholesaler is not listed above, please print the name, complete address, and phone number below:

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## 10. Infant Formula Wholesaler

If the vendor receives infant formula from a source other than their primary wholesaler, please print the name, phone number and complete address of the distributor below:

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## Check Review

| Check Number | Signature Present | Actual Purchase Date Appropriate | Correct Foods Sold (As per check) | Cashier Initials Present | Comments |
|--------------|-------------------|----------------------------------|-----------------------------------|--------------------------|----------|
| 1.           | Y    N            | Y    N                           | Y    N                            | Y    N                   |          |
| 2.           | Y    N            | Y    N                           | Y    N                            | Y    N                   |          |
| 3.           | Y    N            | Y    N                           | Y    N                            | Y    N                   |          |
| 4.           | Y    N            | Y    N                           | Y    N                            | Y    N                   |          |
| 5.           | Y    N            | Y    N                           | Y    N                            | Y    N                   |          |

**Follow up action is required if any checks are found to be altered, missing information or illegible.**

| Check Number | Describe alterations, what information is missing or illegible | Follow-up Action taken by LA |
|--------------|--|------------------------------|
|              |  |                              |
|              |  |                              |
|              |  |                              |

## Receipt Review (If receipts provide specific transaction information)

| Check Number | Appropriate Foods Purchased | Identifiable as a WIC transaction | Tax charged |
|--------------|-----------------------------|-----------------------------------|-------------|
|              | YES      NO                 | YES      NO                       | YES      NO |
|              | YES      NO                 | YES      NO                       | YES      NO |
|              | YES      NO                 | YES      NO                       | YES      NO |
|              | YES      NO                 | YES      NO                       | YES      NO |
|              | YES      NO                 | YES      NO                       | YES      NO |